DECLARATION AND POWER OF ATTORNEY

Atty. Dkt. No.: 5898-000194

DECLARATION

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name,

I believe that I am the original and first inventor or inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

		•				
CONDUCTIVE FLEXOGRAPHIC AND GRAVURE INK						
the specification of which (check one)						
	or wa	attached hereto. as filed on as Applipplication No and w				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
for in S	oreign application(s) ternational applicatio tates of America, liste preign application fo	priority benefits under 35 for patent or inventor's on which designated at lead below and have also ide or patent or inventor's on the a	certificate, or 365 ast one country othe entified below, by checertificate, or any f	(a) of and the cking the left interest.	ny PCT e United box, any rnationa	
	PRIOR FOREIGN APPLICATION(S)					
	APPN. SERIAL NO.	COUNTRY	DATE FILED (MM/DD/YYYY)	PRIORITY Yes	CLAIM No	

DECLARATION AND POWER OF ATTORNEY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY

I hereby appoint each practitioner at Customer No. 27572 ()) of Harness, Dickey & Pierce, P.L.C., my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

CORRESPONDENCE ADDRESS

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Customer No. 27572 (), Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

DECLARATION AND POWER OF ATTORNEY

Full name of sole or first inventor: Daniel P. Lawrence				
Inventor's signature: Danie Thursence				
Inventor's signature:				
Residence: 1785 Sheffield Drive, Ypsilanti, MI 48198				
Citizenship: United States of America				
Mailing Address: 1785 Sheffield Drive, Ypsilanti, MI 48198				
Full name of second joint inventor, if any: Conalisa M. Murphy				
Inventor's signature:				
Date: 2002				
Date:				
Citizenship: United States of America				
Mailing Address: 4953 Sycamore Drive, Ypsilanti, MI 48197				
Full name of third joint inventor, if any:				
Inventor's signature:				
Date:				
Residence:				
Citizenship:				
Mailing Address:				
Full name of fourth joint inventor, if any:				
Inventor's signature:				
Date:				
Residence:				
Citizenship:				
Mailing Address:				
Full name of fifth joint inventor, if any:				
Inventor's signature:				
Date:				
Residence:				
Citizenship:				
Mailing Address:				